

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		X3	2/27/01
<b>FORMALITY REVIEW</b>	KQ	JC 1703	03/27/01
<b>RESPONSE FORMALITY REVIEW</b>	TZ	JC 947	05/24/01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7-31-01
2	✓	✓	1-7-01
3	✓	✓	4-14-01
4	✓	✓	7-16-01
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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If more than 150 claims or 10 actions  
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